

FILED FEB 24 1942

State File No. \_\_\_\_\_

Registrar's No. 181

Registration District No. \_\_\_\_\_

Primary Registration District No. 100

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town Saint Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Saint Mary's Infirmary  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 weeks  
In this community 28 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Marian Haley

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Nathaniel Haley 6. (c) Age of husband or wife if alive 29 years  
7. Birth date of deceased January 29, 1908  
(Month) (Day) (Year)

8. AGE: Years 33 Months 11 Days 6 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Oklahoma City Oklahoma  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Unavailable -- Ransom  
13. Birthplace Unavailable 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Unavailable  
15. Birthplace Unavailable 6  
(City, town, or county) (State or foreign country)

16. (a) Informant Nathaniel Haley  
(b) Address 4216 Ashland Avenue

17. (a) Burial (b) Date thereof Jan 9, '42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Chas. J. Guter  
(b) Address 4107-09 Finney Avenue

19. (a) JAN 7 1942 (b) J. F. Budek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town Saint Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4216 Ashland Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5th  
year 1942 hour \_\_\_\_\_ minute 15 p.m.  
December

21. I hereby certify that I attended the deceased from 23, 19 41 to January 5th 19 42  
that I last saw h. er alive on January 5th 19 42  
and that death occurred on the date and hour stated above.

Immediate cause of death ABDOMINAL PREGNANCY  
Due to ABOUT 7 mos fetus

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy Abdominal PREGNANCY - 7mo fetus

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature William H. Hubler (M. D. or other) MD.  
Address 901a N. Vandeventer Date signed \_\_\_\_\_

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

**James Arthur Johnson**

....., Registered Apprentice No. ....

working under my personal supervision.

Signed, 

Licensed Embalmer No. **3522**

P. O. Address. **4107 Finney Ave.**

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**